

## APPLICATION DATA SHEET

| Application Information               |  |
|---------------------------------------|--|
| Application Number:                   |  |
| Filing Date:                          | Herewith                                       |
| Application Type:                     | Regular  |
| Subject Matter:                       | Utility  |
| Suggested Classification:             |  |
| Suggested Group Art Unit:             |  |
| CD-ROM or CD-R                        |  |
| Number of CD Disks                    |  |
| Number of copies of CD:               |  |
| Sequence Submission?:                 | YES  |
| Computer Readable Form (CFR)?:        | YES  |
| Number of Copies of CFR:              | 1  |
| Title:                                | MODULATION OF APOLIPOPROTEIN<br>(A) EXPRESSION |
| Attorney Docket Number:               | ISPH-0595USA                                   |
| Request for Early Publication?:       | NO   |
| Request for Non-publication?:         | NO   |
| Suggested Drawing Figure:             |  |
| Total Drawing Sheets:                 |  |
| Small Entity:                         | YES  |
| Latin Name:                           |  |
| Variety denomination name:            |  |
| Petition Included?:                   | NO   |
| Petition Type:                        |  |
| Licensed US Govt. Agent:              |  |
| Contract or Grant Number:             |  |
| Secrecy Order in Parent Application?: | NO   |

| Applicant Information                  |                     |
|--|---------------------|
| Applicant Authority Type:              | Inventor            |
| Primary Citizenship Country:           | United States       |
| Status:                                | Full Capacity       |
| Given Name:                            | Rosanne             |
| Middle Name:                           | M.                  |
| Family Name:                           | Crooke              |
| Name Suffix:                           |                     |
| City of Residence:                     | Carlsbad            |
| State or Province of Residence:        | California          |
| Country of Residence:                  | United States       |
| Street of Mailing Address:             | 3211 Piragua Street |
| City of Mailing Address:               | Carlsbad            |
| State or Province of Mailing Address:  | California          |
| Country of Mailing Address:            | United States       |
| Postal or Zip Code of Mailing Address: | 92009               |

| Applicant Information                  |                   |
|--|-------------------|
| Applicant Authority Type:              | Inventor          |
| Primary Citizenship Country:           | United States     |
| Status:                                | Full Capacity     |
| Given Name:                            | Mark              |
| Middle Name:                           | J.                |
| Family Name:                           | Graham            |
| Name Suffix:                           |                   |
| City of Residence:                     | San Clemente      |
| State or Province of Residence:        | California        |
| Country of Residence:                  | United States     |
| Street of Mailing Address:             | 2305 S. Ola Vista |
| City of Mailing Address:               | San Clemente      |
| State or Province of Mailing Address:  | California        |
| Country of Mailing Address:            | United States     |
| Postal or Zip Code of Mailing Address: | 92672             |

| Correspondence Information             |                               |
|--|-------------------------------|
| Correspondence Customer Number:        | 55,389                        |
| Name:                                  | Knobbe Olsen Martens & Bear   |
| Street of Mailing Address:             | 550 West C Street - Ste. 1200 |
| City of Mailing Address:               | San Diego                     |
| State or Province of Mailing Address:  | California                    |
| Country of Mailing Address:            | United States                 |
| Postal or Zip Code of Mailing Address: | 92101                         |
| Phone Number:                          | 619 235-8550                  |
| Fax Number:                            | 619 235-0176                  |
| E-Mail Address:                        |                               |

| Representative Information         |                     |      |
|------------------------------------|---------------------|------|
| Representative Customer No. 55,389 | Registration Number | Name |